CLUSTER NOTIFICATION FOR _____ (specify disease)

Name of institution : _____

Address of institution : _____

_____

Contact person : _____

Telephone no. : _____

Fax no. : _____

Total no. of children enrolled : _____

Age group of children enrolled : _____

Agency centre registered with : MCYS or MOE or PA or others (kindly indicate)

Approved enrollment no. : _____

Staff population :

Principal - _____

Teachers - _____

Cook(s) - _____

Cleaner(s) - _____

Onset of illness of the first case : _____

No. of children infected : _____

No. of staff infected : _____

Centre population and infected children population:

Class* eg.K1,K2,N1,N2,Playgroup	No. of children enrolled		No. of children infected	
	Male	Female	Male	Female

- Breakdown on total centre population into each individual level and class

Return Fax to 62215528 or 62215538